Outpatient Quality Reporting Program

Support Contractor

Hospital Outpatient Quality Reporting (OQR) Program 2018 Specifications Manual Update

Presentation Transcript

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Pam Harris: Hello everyone, and welcome to the Outpatient Quality Reporting Program webinar. Thanks for joining us today. My name is Pam Harris, a project coordinator for the Hospital OQR Program.

If you have not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Just click on today's event, and you should be able to download the handouts. They are also attached to the invite you received for this webinar.

Our speaker today is Melissa Thompson. She is the Specifications Manual Lead for HSAG and works collaboratively with the measure writers to update the Specifications Manual. Later in the presentation, Melissa will be discussing the updates for the manual over the last year. We are fortunate today to also have the measure writers themselves available to answer your questions directly in the chat box. The measure writers have also worked directly with us in the development of this presentation. We thank them and appreciate their time and efforts. As the subject matter experts, their input and collaboration is essential.

There is a lot of work that goes on behind the scenes in the development of the Specifications Manual. Kind of like you don't always know what your pets do when you are not home. So, hang on to that thought, and we're going to have a little fun about in the middle of the webinar, okay?

February 1, 2018 is the submission deadline for the Clinical Data and Population and Sampling for Quarter 3, 2017; this will be for encounter dates July 1–September 30, 2017.

And always, please be sure to keep your NHSN and QualityNet access active. The easiest way you can do this by logging in to the NHSN and QualityNet Secure Portal at least every 60 days. And if you want to get the most up-to-date information about the OQR Program, then make sure you are signed up for the ListServe, as this is our main area for communicating information about the OQR program. So maybe you signed up before, but you are not getting notifications? Well, have you changed your email lately? Because if you changed it, it will be going to your old email address. You can sign up or you can check what ListServes you are signed up for on the QualityNet home page.

There's an important announcement by NHSN that we'd like you to take special notice of. NHSN will be sending emails to Facility Administrators and Primary Contacts for each facility registered in the NHSN to make them aware that an updated NHSN Agreement to Participate and Consent form is available. Please pay attention to this email because this form must be signed by your facility's Primary Contact or Facility Administrator by April 14th. If the form is not signed by then, you will risk losing access to the NHSN, then you will not be able to enter your data for the OP-27, the Influenza Vaccination Coverage among Healthcare Personnel measure, or the flu measure. That would interfere with your trying to meet the May 15 deadline.

NHSN is allowing signatures electronically, so please ensure that your facility has signed the form by the April 14 date. They've provided an email address and ask that you use the phrase "NHSN Reconsent" in your subject line if you wish to contact them with questions about the process.

And please join us for our next webinar in February; we will be presenting a webinar on the data collected for this program over the previous year. You will get a look at what was collected and the percentages and the averages of other facilities. Should be a great year in review. So please watch out for a ListServe that will be sent, announcing this webinar. See how important the ListServe is?

The learning objectives for this program are listed on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at www.qualityreportingcenter.com at a later date.

During the presentation, as stated earlier, if you have a question, please put that question in the chat box located on the left side of the screen. One of our subject matter experts will respond. Again, by having live chat we hope to accommodate your questions timely and have real-time feedback. If your questions do not get answered, please know that all questions and answers will be posted on the qualityreportingcenter.com website.

So, what is a Specifications Manual? Well, this manual is your guide on the measures reported for this program. As we continue to make efforts to improve

the Specifications Manual, we work to identify areas where we can add clarification or remove unnecessary information. As these points of clarification, edits, and modifications occur, updates are then placed in the form of release notes or new versions. So, let me give you a brief overview of the process involving the Specifications Manual production.

Currently, the manual is updated annually. It used to be updated twice a year; some of you may remember. The new process of annual production began last year. The updated annual version, for example version 11.0, is initially posted in July, six months prior to the encounter dates it will reference. This version will reflect changes and updates that occurred during the previous year. Then, after the Final Rule is released in November, the new version, in this case, the version 11.0a is updated to reflect changes from the Final Rule, and it is released and posted to QualityNet. The old version, the 11.0, is removed from QualityNet so that it doesn't cause confusion as to which manual you should be referencing for that Calendar Year. However, any changes in the **older** version will still be accessible in the form of release notes. So again, for example, now that version 11.0a is posted, any change in 11.0, you would still find those changes in Release Notes 11.0 within the updated version 11.0a. I will come back to that point in a little later.

So, what happens if there are changes between the annual production? Well, good question. If there are any changes between the annual version, they are communicated through release notes which are also posted on QualityNet. It will have the name of the release notes and the version it refers to. Any changes, whether in annual production or release notes, you will find highlighted in yellow. This is a great way to easily determine any change. If you see yellow highlights, pay particular attention, as this is different from a previous version or update. So, today we are going to discuss the versions 11.0 and 11.0a.

As Melissa goes through the changes of the Specifications Manual, you will hear her refer to the measures being removed in relation to the payment year this is to occur. Now, let me take a few minutes to kind of boil this down before I hand things over. To answer the question: "What do I stop submitting and when?" Great question; with all of the changes in the Final Rule, it may be confusing. There is talk about payment year, calendar year, so, what does that mean? Let's first talk about what data you **don't** need to submit. We've listed here the measures that were removed – you'll see that we have clinical data measure data and web-based measure data requirements that were removed. For that clinical data, which you see listed on the slide; you can stop collecting data after March 31 this year. This is Q1 data. Just be sure to submit this by the August 1, 2018 submission deadline. You are collecting that quarter because that quarter is connected to the **2019** payment determination.

Now with regards to the web-based measures, data for those measures from January 1–December 31, 2017 encounters will be entered into the QualityNet with

your other web-based measures on or before the May 15 deadline. You can go ahead and enter them now in the Secure Portal's web-based tool if you'd like. Once you have submitted those two measures this upcoming deadline, you're done!

Hopefully, that clears this up as it can be confusing at first glance. Now, let me hand things over to our subject matter expert, Melissa Thompson, to go over the changes and updates of the Specifications Manual. Melissa?

Melissa Thompson: Hello everyone, and thanks again for joining. As Pam mentioned, we will be discussing the changes to the 2018 Specifications Manual today. And there were quite a few changes as a result of the most recent Final Rule. So, as we move forward, I'm going to try to be as clear as I can in communicating these rulings and how they relate to changes we've made in the manual.

The changes we are covering today are the changes made to the version 11.0 Specifications Manual, posted in July of 2017, and then the updated Specifications Manual, version 11.0a, which was posted in mid-December of 2017, that reflects all those changes from the OPPS/ASC 2018 Final Rule that was published in November. So, if you have your manual handy, you will notice that we are following the sections, or tabs, of the manual from the beginning of the manual to the end.

The very first update is found under the table of contents. As there were new measures added and measures removed, these are reflected in the table of contents as well. So, in Specifications Manual version 11.0, we did have two new measures added: OP-35: Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy and OP-36: Risk Standardized Hospital Visits within 7 days after Hospital Outpatient Surgery. And then in version 11.0a, the two measures OP-25 and OP-26 were removed to align with the determinations of the Final Rule. Now, we'll discuss these measures a little more in detail later in the presentation.

And, of course, with any new measures, they also are also listed under the Outpatient Delivery tab. In this section you will notice that measures are divided into measure sets. So both of our new measures, OP-35 and OP-36, were added under the "Outcome" section. And in version 11.0a, there were no further changes.

Now, let's move on to the Acute Myocardial Infarction, or AMI, and Chest Pain measure sets. Just for an overview, the measures under AMI and Chest Pain are included here on this slide, and that's OP-1 through OP-5.

In the OPPS/ASC Calendar Year 2018 Final Rule, it was finalized to remove OP-1: Median Time to Fibrinolysis and OP-4: Aspirin at Arrival. For 11.0a, the statement "Data for this measure will no longer be collected after first quarter

2018 (encounter dates January 1 through March 31, 2018) for the OQR Program," this was added to both the OP-1 and OP-4 measure information forms. And, as I mentioned a minute ago, OP-1 and OP-4 are finalized for removal from the program beginning with the Calendar Year 2020 payment determination and subsequent years. And to repeat, because Quarter 1 is part of the 2019 payment determination, we added the language you see on this slide. This goes back to what Pam mentioned earlier in the presentation.

Now, moving on to the next section in the manual, that is the ED-Throughput measure set. The measures contained in this section of the manual are listed on this slide, and those are OP-18, OP-20, and OP-22. So, let's just begin with OP-18.Now, since OP-18 is not a new measure to the program, we're just going to cover the changes made to the manual, which is the naming convention of OP-18b.

The OP-18b measure was "Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure." Now in version 11.0, the following name change, as seen on this slide, was made: "Median Time from ED Arrival to ED Departure for Discharged ED Patients – Excluding Psychiatric/Mental Health and Transfer Patients Measure." This update redefined OP-18b as the performance measure of non-psychiatric/mental health and transferred patients rather than the reporting measure. However, in version 11.0a, this name was restored as the reporting measure. The proposed changes were not finalized in the Calendar Year 2018 Final Rule. As such, the measure OP-18b changes back to: "Median Time from ED Arrival to ED Departure for Discharged ED Patients – Reporting Measure." In essence, what we have done is reverted back to the same naming convention that you would have found in the previous year's manual version 10.0a.

Now for OP-20, Door to Diagnostic Evaluation by a Qualified Medical Professional, in version 11.0 there were no changes. However, in the Calendar Year 2018 Final Rule it was finalized to remove OP-20 for the Calendar Year 2020 payment determination and subsequent years. As a result the following statement was added to version 11.0a: "Data will no longer be collected after first quarter 2018 (encounter dates January 1 through March 31, 2018) for the OQR Program." There were no additional changes to OP-20 in either version 11.0 or version 11.0a, so we're going to move to the next measure set.

OP-21: Median Time to Pain Management for Long Bone Fracture is our Pain Management measure set, and for this measure, there were no changes made in version 11.0 of the Specifications Manual. But again in the Calendar Year 2018 Final Rule, it was finalized to remove OP-21 for the Calendar Year 2020 payment determination and subsequent years. So, in the Specifications Manual version 11.0a, data for this measure will no longer be collected after first quarter 2018 for the OQR Program.

Let me clarify this statement, as you will notice I have mentioned it a few times. The reason the statement was added instead of the measure just not being removed from the manual is because version 11.0a of the Specifications Manual references encounter dates beginning with January 1 through December 31 of 2018, and your abstraction quarters for the 2020 payment determination runs from quarter 2 of 2018 to quarter 1 of 2019. So, you will still submit data for Quarter 1 of 2018, because that's including the encounter dates of January 1 through March 31, 2018 and its part of the 2019 payment determination. That is why the measures OP-1, -4, -20, and -21 remain in the 2018 manual, but you will not see them in future manuals.

So, the next section in our Specifications Manual review is the Stroke measure. And for OP-23, Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival, there were no changes in versions 11.0 or 11.0a. So, we're going to just move on to the next section.

The next section of the Specifications Manual is the Outpatient Imaging Efficiency Measures, or OIE measures. Now for review I have all of the Outpatient Imaging Efficiency Measures listed here on the slide. And there were no changes noted in version 11.0 and 11.0a, except for OP-13, and this was on version 11.0 of the Specifications Manual. So, let me show you that single change for the imaging measures. Again, in version 11.0, there was an addition of cardiac computed tomography angiography, or CCTA, in the description of the measure. This will align the measure description for OP-13 with the current specifications, adding cardiac computed tomography angiography to the imaging modalities included in the measure's denominator. Other than the clarification to the measure description in version 11.0, there were no further changes for this measure in our most recent version 11.0a.

We're going to move on now to the measures that are submitted via a web-based tool. But before we do, Pam, what you do say if we take a fun break and have a laugh?

Pam Harris: Yes, Melissa, let's do that. Now, I know that about now your brain really needs a break, so let's take about 30 seconds just to see what your pets really do when you leave the house. I hope everyone enjoyed that because I did! But now we have to go back to the Specifications Manual, so, Melissa?

Melissa Thompson: Okay, and welcome back. Now that was entertaining! So, let's get back to our next section of the Specifications Manual – Measures Submitted via a Web-Based Tool.

Now this slide has some of the web-based measures in numeric order, beginning with OP-12 through OP-27, so we're just going to continue on.

We continue with the web-based measures for the program, and there were some changes to a few of these. However, please note that there were no changes to OP-31, so we will not be addressing this measure any further in the presentation. Let's just take a look at the changes that have taken place for these web-based measures.

The first web-based measure we're going to discuss is OP-25. And, as stated before, in the 2018 Final Rule, this measure was removed beginning with the Calendar Year 2020 payment determination and subsequent years. As Pam stated, you will submit the data for the last time by this May 15, 2018 submission deadline. After that, you will not submit on this measure. Because web-based measures are collected on an annual basis, you will no longer collect data for OP-25 beginning January 1, 2018. But again, you will report the data you collected for Calendar Year 2017, and that submission period opened January 1 and will close May 15, 2018.

The next measure to discuss is OP-26. And again, in the 2018 Final Rule, this measure was removed beginning with the Calendar Year 2020 payment determination and subsequent years. Just like OP-25, you will no longer collect data for OP-26 beginning January 1, 2018. But you still will report the data you collected for Calendar Year 2017. For the surgical procedure codes that you will need to report for this measure, you will want to reference the version 10.0a of the Specifications Manual. I just want to reiterate that you will not see this measure in future manual releases.

Moving to OP-29, the changes related to this measure are for better clarifying the denominator exclusions. The first change we are going to talk about for OP-29 is the first sentence of the first bullet of the denominator exclusions. Essentially, there was a clarification from "Documentation of medical reasons for not recommending at least a 10-year follow-up interval (for example, above average risk or inadequate prep)" to "inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is equal to or greater than 66 years old, or life expectancy is <10years, or other medical reasons." This change was made as it better aligns denominator exclusions with similar measures in other programs.

There was an additional change to the third sentence of the first bullet point under the denominator exclusions. You can see the entire statement here on the slide, but essentially if the reason for exclusion is due to age, then the age needs to be documented as equal to or greater than 66 years old, or life expectancy less than 10 years. And again, this change better aligns denominator exclusions with similar measures in other programs, as was the case in the other change. Now, both changes to the denominator exclusions of OP-29 are highlighted in yellow in the Specifications Manual version 11.0a. And there were no other changes for this measure.

Okay. For OP-33, External Beam Radiotherapy for Bone Metastases, there were three bullets added under denominator exclusions, and I've placed them here on this slide. These updates were made to add exclusion criteria for multiple myeloma. Multiple myeloma is a small portion of all bone metastases and outside of the measure objective. Now, the other two additional denominator exclusions had been omitted in the 2017 measure information form, so they basically have been reincorporated, and that is "patient declines treatment, economic, social, or religious reasons." In the most current version, 11.0a, you will see no additional changes were made.

That brings us to the next section, CMS Outcome Measures, which are claims-based. And with these measures, there is no manual abstraction on the part of the hospital. The data is captured through Medicare Administrative claims and enrollment data. Now to review CMS Outcome Measures, first is OP-32, OP-35, and OP-36. Let's begin with OP-32.

OP-32 is the Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy. Now, CMS introduced this measure for the Hospital Outpatient Quality Reporting Program in the 2016 calendar year, and there were no changes in version 11.0 of the Specifications Manual. However, in version 11.0a, this measure was updated to include the "2017 Measure Update and Specifications Report" link as well as update all instances of 2016 to 2017 in reference to the measure's technical report.

Because the 2017 performance period calculations do not use ICD-9 codes, we removed the note in tables 1 and 2: "For the ICD-9 codes relevant to the calculation of the measure for the Calendar Year 2016 period, refer to version 9.1 of the manual." The text was also modified to two cohort exclusions: on bullet point six we removed the word "outpatient" and added "unless the ED visit has a diagnosis indicative of a complication of care" to the end of the exclusion. So this exclusion went like this: from "Colonoscopies that are billed on the same hospital outpatient claim as an ED visit" to "Colonoscopies that are billed on the same hospital claim as an ED visit, unless the ED visit has a diagnosis indicative of a complication of care."

Now, the same type of exclusion verbiage change was also made to the seventh bullet point in the Cohort Exclusions. So to summarize this, the bullets went from "Colonoscopies that are billed on a separate claim on the same day and at the same facility as an ED visit" to "Colonoscopies that are billed on a separate claim on the same day and at the same facility as an ED visit unless the ED visit has a diagnosis indicative of a complication of care."

Now, let's move to OP-35 which is a new measure, and this measure is Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy. And this was finalized into the program with the Calendar Year 2017 Final Rule. Therefore, the measure information form was

added to the Specifications Manual version 11.0. This measure, hereafter referred to as the chemotherapy measure, estimates hospital-level, risk-adjusted rates of inpatient admissions or ED visits for cancer patients that are equal or greater than 18 years of age for at least one of the following diagnoses—anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis—within 30 days of hospital-based outpatient chemotherapy treatment. Now, rates of admission and ED visits are calculated and reported separately. We made no additional changes in 11.0a of the manual, so let's move to the next new measure – OP-36.

OP-36, Hospital Visits after Hospital Outpatient Surgery, is the other CMS outcome measure, claims-based, adopted last year in the Calendar Year 2017 Final Rule. This facility-level measure calculates the post-surgical risk-standardized hospital visit ratio of the predicted to expected number of all-cause, unplanned hospital visits within 7 days of a same-day surgery at a hospital outpatient department, and this is among Medicare fee-for-service patients aged 65 years and older. There were no additional changes made to 11.0a.

Now we're going to move to Section 2 of the Specifications Manual, and that's the Data Dictionary. Now, within this section is an Alphabetical Data Element List and the Data Dictionary. There are more than 40 data elements, so we're only going to review those elements that had an update or a change.

The first data element for us to discuss is *Discharge Code*. In version 11.0, there were some bullets added under the Notes for Abstraction section for this data element. This change is intended to better align measures in the Hospital Outpatient Quality Reporting Program with those used in the Inpatient Quality Reporting Program regarding the abstraction of cases for which a value of 7, Left Against Medical Advice, or AMA, for *Discharge Code* is selected. On this slide, you can see that the first line of the third bullet was changed from "To select value 7, there must be explicit documentation that the patient left against medical advice." This was changed to: "When determining whether to select value 7 ("Left Against Medical Advice)…" This change was made to bring in the other changes we are about to discuss on the next slide.

Under the bullet we just discussed, there were other changes made in the form of sub-bullets. The examples seen in the previous version were removed and the new bullets were added. Here on this slide you can see the first addition; that is, "A signed AMA form is not required for this data element, but in the absence of a signed form, the medical record must contain physician or nurse documentation that the patient left against medical advice or AMA." And there were two more sub-bullets added, and those additional bullets are seen here on this slide. The first one: "Do not consider AMA documentation and other disposition documentation as "contradictory." If any source states the patient left against medical advice, select value 7, regardless of whether the AMA documentation was written last.

For example, AMA form signed and discharge instruction sheet states "Discharged home with belongings"—Select value 7)." The second is:

"Physician order written to discharge to home. Nursing notes reflect that the patient left before discharge instructions could be given; select value 1," which is to home. These changes were made to further clarify the AMA issue when abstracting, and we had no additional changes made in version 11.0a.

Now, for the data element *ECG*, there was one bullet added in Version 11.0. This information bullet will help clarify guidance that a physical copy of the ECG is not required to abstract yes for *ECG*. And this bullet states, "Note that a copy of the ECG strip or readout is not required to abstract yes for *ECG*."

Okay, and in version 11.0, there was one change to *ECG Time*. Now this data element affects your abstractions for OP-5. And again, this change will just clarify guidance that a physical copy of the ECG is not required to abstract yes for *ECG*. And again, there were no further changes for this data element in version 11.0a.

The next data element change is in version 11.0 again, and this is under *ED Departure Time*, and this is collected for OP-3 and OP-18. There was a second bullet added to expand and clarify the data element. The added statement is: "The intent of this guidance is to abstract the time that the patient is no longer under the care of the ED. When a patient is placed into observation, their clinical workflow may vary from patients who are not placed into observation prior to departure from the ED, so the observation order may be used instead of the actual ED departure time." And for version 11.0a, there were no additional changes for this data element.

For the *Head CT or MRI Scan Interpretation Time* data element, in version 11.0 there was an additional bullet added under Notes for Abstraction which reads: "The dictation time or the time of a preliminary interpretation may be abstracted if it is known to be an accurate representation of when the earliest head CT or MRI scan interpretation time occurred." And the reason for this addition was that this change will help clarify guidance for acceptable documentation of the earliest head CT or MRI scan interpretation time. This change came about in response to stakeholder feedback, and it will definitely give clarification for acceptable documentation. And in version 11.0a, there were no additional changes or updates.

For the data element *Initial ECG Interpretation*, under Notes for Abstraction, the seventh bullet added the words "age unknown, recent." See the bolded area on the slide? So, the seventh bullet will read "Notations which describe ST-elevation as old, chronic, age unknown, recent, or previously seen, or which state ST-elevation and no new changes, unchanged, no acute changes, or no significant changes when compared to a prior ECG should be disregarded." This change will clarify guidance to address common stakeholder inquiries. The terms "age unknown" and

"recent" align with current guidance to disregard documentation of ST-changes described as "old," "chronic," "previously seen," or "unchanged." The second change for the data element *Initial ECG Interpretation* in version 11.0 is the additional descriptive word "probable" was added to the sentence. So now the bullet states: "If any of the inclusion terms are described using the qualifier "possible", "probable", or "potential", disregard that finding (neither Inclusion nor Exclusion)." This change will address questions on whether "probable" should be considered a positive, negative, or neutral finding in the ECG interpretation.

This change will clarify what is meant by "parenteral routes" of administration for the *Pain Medication* data element, a common area of confusion as evidenced by stakeholder questions. Okay, another change in the version 11.0 *Pain Medication* data element was an additional example of "pain score of zero." This was changed to: "If there is physician/APN/PA or nursing documentation of a reason for not administering pain medication (for example, patient unconscious, decreased respiratory rate, patient refusal, pain score of zero), select No." This change clarifies that a pain score of zero is an acceptable reason. So, you can see on this slide, we've added "pain score of zero" after "patient refusal." And in version 11.0a, there were no additional changes to this data element.

The data element *Patient HIC*, or Health Insurance Claim number, is not used by CMS in the abstraction process, and it may contain the patient's Social Security number. So, this data element has been deleted. In version 11.0, the *Patient HIC* number was removed from the Data Dictionary, from the Data Element List, and Data Transmission sections of the manual.

Okay, we're going to continue with the data element of *Probable Cardiac Chest Pain*; this data Element is collected for OP-4 and OP-5. In Version 11.0, a fourth descriptive bullet was added: "The code "R07.9 Chest Pain, unspecified" typically best matches the exclusion term "non-specific chest pain," unless surrounding documentation in the ED record clearly indicates that the "R07.9 Chest Pain, unspecified" is related to a cardiac issue." Now, this code was added to clarify guidance to reduce abstractor confusion about ICD-10 code "R07.9 Chest Pain, unspecified." There were no additional changes in version 11.0a.

Now, moving on to our next data element, *Reason for Not Administering Fibrinolytic Therapy*. In version 11.0 under Exclusion Guidelines for Abstraction, the first bullet read: "Transfer for Acute Coronary Intervention, PCI." Now, this statement was removed, so this will leave the Exclusion Guidelines for Abstraction as none. Now, the rationale behind removing this exclusion is because clinical guidance recommends that patients transferred for timely coronary intervention should not receive fibrinolytic therapy. Furthermore, patients are not excluded from the measure based on the *Reason for Not Administering Fibrinolytic Therapy*. This data element is used to determine the sub-calculation in which a patient is included. Therefore, transfer for ACI and PCI should be

removed from the Exclusion Guidelines for Abstraction to streamline the data element and minimize stakeholder confusion. There were no additional changes in version 11.0a.

Our next and last data element is *Transfer for Acute Coronary Intervention*. This is collected for OP-3, and in version 11.0, there was a fourth descriptive bullet added that states: "If a patient receives acute coronary intervention prior to transfer, then abstract value 3." And this change is to clarify and give guidance to reduce abstractor confusion on whether patients who receive acute coronary intervention prior to transfer should be included in the data element. The intent of the OP-3 measure is time to transfer from non-percutaneous coronary intervention, or PCI, capable facilities to PCI-capable facilities; thus, patients who receive ACI prior to transfer should be excluded from the data element.

Well, we've covered a lot of information today, and I hope it was helpful for you. And I do encourage you to review the two measures that were added to the 2018 version 11.0 Specifications Manual as well as all the changes within the manual. And again, these have been highlighted in yellow to help you find them for a quick reference. I'm going to pass things now back over to Pam.

Pam Harris: Thanks Melissa! Great overview of the Specifications Manual; so, as the slide says, you got this, but if you feel you don't, we have some resources listed on this slide, so don't ever hesitate to call our helpdesk. That number is seen at the bottom of the slide. We have also listed some other resources. If you have measure-specific questions, then please use the Question and Answer Tool in QualityNet. That way, the measure writers get that directly from you, and they will respond back directly to you.

Thanks again to Melissa; we appreciate you sharing your time and expertise with us. We would also, once again, like to thank the measure writers who have so graciously assisted us with this presentation. And also, I'd like to thank our technical team for making our brain break possible. I love that we can make the presentations fun and educational. I hope this webinar has given everyone something.

That's all the time we have today. We appreciate you joining us.